

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>John Richard Gale</i>	COURT CASE NUMBER <i>CV-00-1090 Smyth</i>
DEFENDANT <i>Clark</i>	TYPE OF PROCESS <i>StC</i>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT <i>Dr. Robert Clark</i> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 501 S. 1st St. Hill <i>of Weyford Health Source</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <div style="border: 1px solid black; padding: 5px;"> Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A. </div>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldFILED
SCRANTON

SEP 19 2000

PER *h*
DEPUTY CLERK

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>67</i>	District to Serve No. <i>67</i>	Signature of Authorized USMS Deputy or Clerk <i>A. Lavelle</i>	Date <i>9/19/00</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <i>9-14-00</i>	Time am pm
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Signature of U.S. Marshal or Deputy

Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

WAIVER OF SERVICE OF SUMMONSTO: John Richard Jae

(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Jae VS Clark

, which is case number CV-00-1090 in the

United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 9-12-00 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

September 14, 2000

DATE

Christine R. Byler

SIGNATURE

Printed/typed name:

Christine R. Byler

Title if any:

Nurse Paralegal

Address of Person signing:

Wexford Health Sources, Inc.381 Mansfield Ave. Suite 205Pittsburgh, PA 15220

Party you represent:

DR. Robert Clark

AO 440 (Rev. 10/93) Summons in a Civil Case

United States District Court

MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL CASE

John Richard Jae

CASE NUMBER: 1:00-CV-1090

Judge Rambo

Magistrate Judge Smyser

v.

Dr. Robert Clark, Chief Psychiatrist

To: (For the name and address of defendant(s): **SEE COMPLAINT**)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY
SCI-Camp Hill P.O. Box 200 Camp Hill, PA 17001

an answer to the complaint which is herewith served upon you, within 20 (twenty) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MARY E. D'ANDREA, Clerk

DATE: June 21, 2000


(By) P. Cornelious, Deputy Clerk

RECEIVED
USMS, MIDDLE/PA
JUN 22 PM 3:53